

NON – RESIDENT

**APPLICATION FOR ATTENDANCE
IN THE
AMESBURY PUBLIC SCHOOLS
FOR THE 2007-2008 SCHOOL YEAR**

Child's Name _____ Date of Birth _____
(PRINT)

Address _____

(CITY) (STATE/ZIP) Telephone Number _____

School Attended 2006-2007 _____ SASID# _____

School Address _____

Previous Grade _____

Grade Applying for at the Amesbury Public Schools _____

Parent's Name _____
(PRINT)

DATE

PARENT'S SIGNATURE

Please return this form to the Superintendent of Schools, 10 Congress St., Amesbury, MA 01913

(TO BE COMPLETED BY SCHOOL OFFICE)

_____ is recommended for the _____ grade for the 2007-2008
(PRINT STUDENT'S FULL NAME)

school year. He/she will attend the _____ school. _____
Principal Signature

The above named student is approved to attend the Amesbury Public Schools for the 2007-2008 school year.

Charles L. Chaurette, Ed.D.
Superintendent of Schools